



# The State Hospital Census

*Senate Finance & Appropriations Committee*

*June 15, 2021*

**Alison Land, FACHE**

Commissioner

Virginia Department of Behavioral Health  
and Developmental Services

# State Hospital Crisis

## **Uncontrollable admissions spill over and result in:**

- Extreme census pressures
- Staff turnover challenges
- Unsafe conditions
- Extraordinary barriers to discharge list (EBL) increases
- Higher acuity/increased medical complexity
- Inappropriate admissions
- Significant increase in law enforcement hours



# Problem: State Hospital Census is Dangerously High

	Total Capacity	Total Census	Total Utilization
Catawba (50 geriatric beds)	110	102	<b>93%</b>
Central State (excluding max security)	166	166	<b>100%</b>
Eastern State (117 geriatric beds)	302	302	<b>100%</b>
Northern Virginia Mental Health Institute	134	133	<b>99.3%</b>
Piedmont (123 geriatric beds)	123	115	<b>94%</b>
Southern Virginia Mental Health Institute	72	71	<b>99%</b>
SW Virginia Mental Health Institute (41 geriatric beds)	179	171	<b>96%</b>
Western State	246	243	<b>99%</b>
Commonwealth Center for Children & Adolescents	48	24	<b>HOLD* 100%</b>

Notes:  
 Data as of 6/7/21  
 State hospitals are funded to 90 percent capacity  
 CCCA is currently open with a limited number of beds – 24 beds are currently operational (= 100% utilization)

# Staffing Shortages are Leaving Facilities Overwhelmed

- ***Staffing vacancies are well over 20% and up to 52% in facilities across the Commonwealth***
- Current direct care compensation falls well below market value
- DBHDS had over 1,000 state facility vacancies in March 2019. These shortages have been exacerbated by the pandemic and now stand at 1,289
- Facilities are funded to operate at 90% staffing, but with the current vacancies, state hospitals are operating at direct care staffing levels as low as 60-70% in some facilities
- At the same time, state hospitals are frequently operating at 100%+ bed utilization
- Safety of both staff and patients is a significant and serious concern

	CCCA	CH	CSH	ESH	HDMC	NVMHI	PGH	SEVTC	SVMHI	SWVMHI	VCBR	WSH
Direct Care (DSAs, LPNs, RNs)	35%	30%	20%	37%	34%	11%	35%	16%	24%	11%	24%	22%
Providers (internists, psychiatrist)	0%	7%	15%	54%	0%	5%	27%	11%	33%	6%	100%	0%

# Workforce Issue – Why Is This Occurring?

**High risk,  
high stress  
job – low  
paying**

## **Stress on DBHDS facilities**

- Cumulative impact of three years of high census – operating at or near 100%
- Higher acuity needing more individual attention
- Front line workers in COVID response
- Large workforce of low paying jobs (DSAs) more susceptible to market forces
- Higher incidence of workers compensation / seclusion and restraint increasing

**Simply  
cannot find  
employees  
at current  
price point**

## **Hyper Competitive Market for Scarce Resources**

- Lack of nurses and other direct care employees state-wide
- Potential hesitancy to join healthcare as state emerges from pandemic
- Stiff competition within healthcare – bigger sign on bonuses, better compensation packages with more attractive work schedules
- Approaching full employment in most parts of the Commonwealth
- Perceived increase in low end salaries / hourly rates with move across industries to \$15 entry rate
- Dynamic likely to continue and get worse unless steps are taken to address

# Commonwealth Center for Children and Adolescents (CCCA) Challenges

- FY 2020 - CCCA admissions trended significantly downward during the last quarter due to stay at home order.
- Staffing levels fell and CCCA could not return to full capacity after COVID outbreak:
  - Aggressive recruiting helped reopen some beds
  - June 4 - CCCA closed 6 beds because they could not be safely staffed. Now operating 24 of 48 beds.
- September 2021 - Anticipated demand surge with the return of in-person learning.



# CHKD Partnership to Divert CCCA Admissions



- DBHDS and CHKD developed a report\* describing the components of a possible agreement
- 60-bed CHKD expansion and increased outpatient capacity
- Target populations:
  - Children age-12 and under
  - Children with neurodevelopmental disorders e.g. Autism Spectrum Disorder
- Any agreement, such as the one described in the report, would require a financial investment



# DBHDS Continues to Contract with Providers

	Contract Name	Description or Purpose
Emergency COVID-19 Contracts	ALF Services at Commonwealth Senior Living	Diversion or step down of eligible state geriatric patients to Assisted Living Facility
	Fellowship CSU	Adult step-down beds from state facilities during COVID
	CSU Agreement (Exhibit D)	Agreement with CSB CSUs for diversion
Contracts that existed prior to COVID-19	Diamond Healthcare adult/geriatric UHS	Diversion or step down of eligible TDOs and long term stays
	Gateway Homes ALF and TGH	Ongoing contract – 16 beds and residential step down
	Poplar Springs	Assisted living facilities and Transitional Group Homes
	Jewish Family Services/ Guardianship	Diversion of eligible TDOs
	Funds to be Reinvested from Contract Underspending	Guardianship services for those discharged from state facilities
New FY21 funds for diversion/ step-down contracts	Children's Inpatient Funds	Additional dollars for census initiatives
	Various CSB - Exhibit D	Diversion of children who would otherwise go to CCCA (CHKD)
	Mt Rogers Nursing Home	CSB Residential Beds, more funds for IDAPs, transitional housing
	RFP for LTC/ALF services	Providing specialized BH staff at the nursing home for those with extraordinary behavioral health needs
	VHHA Pilot Programs	Solicitation of proposals to address Memory Care, ALF and LTC needs of patients ready for discharge at State Facilities.
		Various contracts to relieve census pressures



# Law Enforcement Is Stuck When Admissions Are Delayed

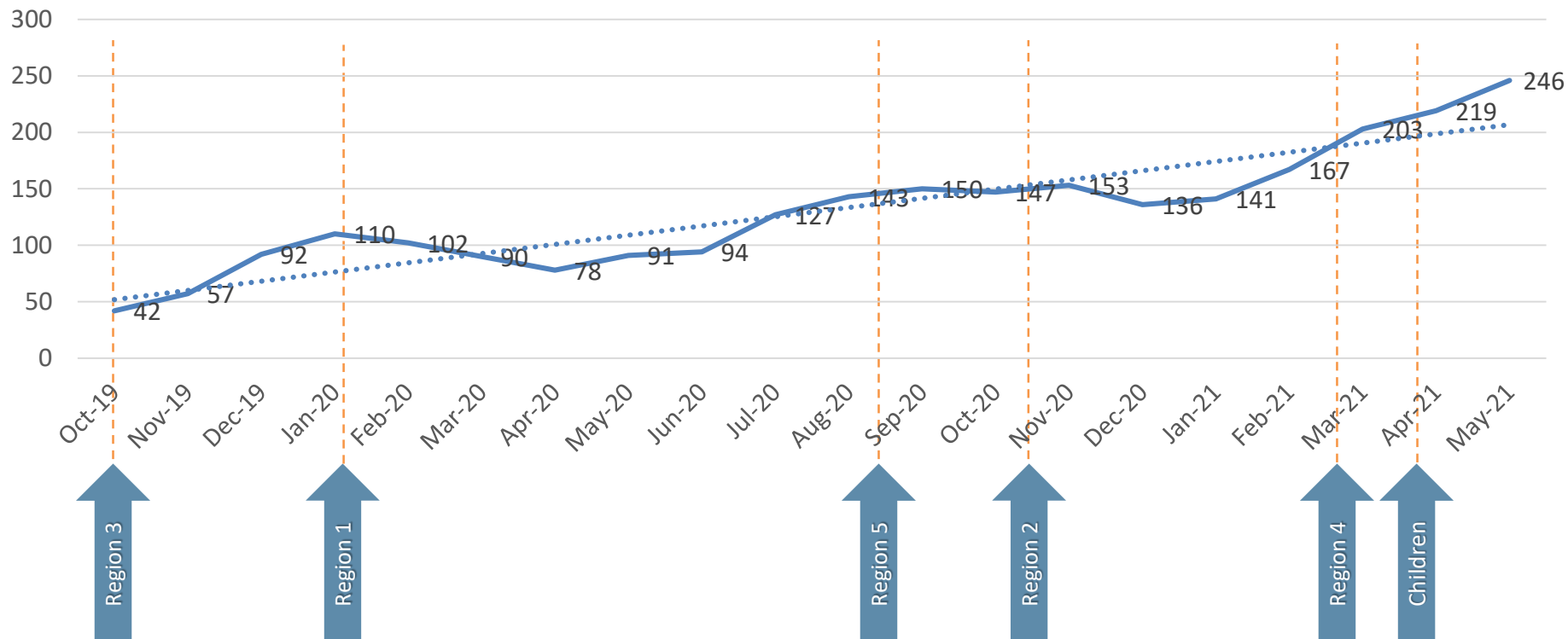
- When state hospitals are full, no beds are available and new admissions may be delayed.
- DBHDS is not denying admissions, but staff are working to create safe and appropriate bed space.
- Patients may not get treatment during delays.
- Delays are creating resource strains for law enforcement, particularly rural departments.
- DBHDS is working with the Administration, law enforcement, and providers to address delays.
- State hospitals and CSBs continue to work diligently to expedite safe discharges to free up bed space and prevent admission delays whenever possible.



Source: Matt Gentry, *The Roanoke Times*

# Alternative Transportation is Now Available Statewide

Statewide Transports – October 2019 – May 2021



# Finding Solutions for Patients with Dementia

- Pilot with Mt. Rogers CSB
- \$3.5 million for diversion and discharge of individuals with a diagnosis of dementia
- Workgroup to identify existing services for individuals with dementia and make recommendations to improve the quality and availability of care for those with dementia



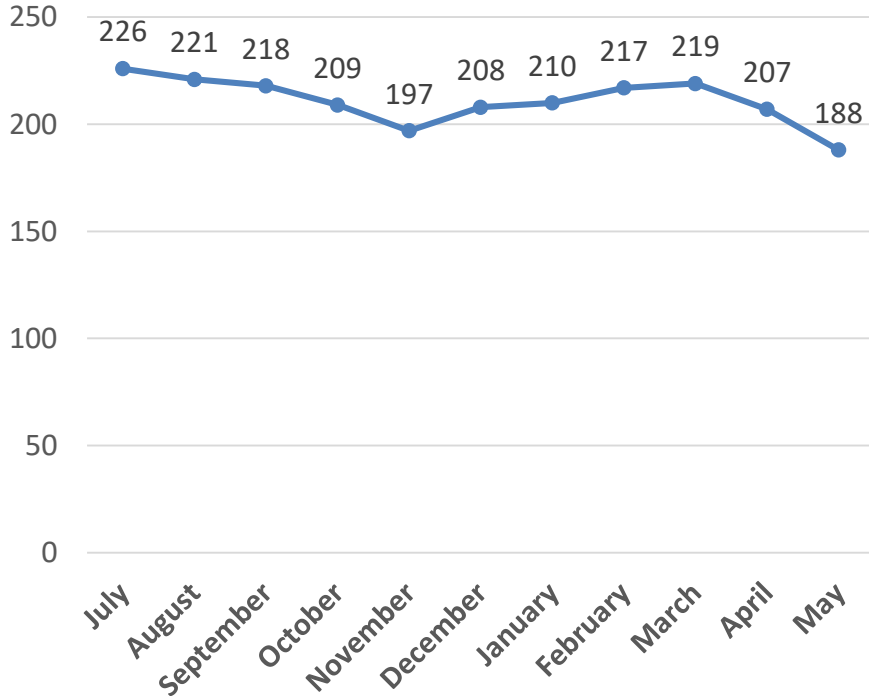
# Expediting Discharge is Critical



- Expediting the discharge process for patients clinically ready for discharge
- Opening bed space for individuals in crisis
- Adapting to accelerated TDO cycle
- Forming workgroup to review barriers and provide recommendations (SB1304 (2021))
- Harnessing Electronic Health Record ability

# Extraordinary Barriers List (EBL)

## FY21 EBL by Month



## Barriers (5/31/2021)

Primary barrier	# of patients
No willing provider-nursing home/ALF/Other (supervised residential)	42
NGRI process	47
Awaiting discharge – date scheduled	34
Awaiting completion of CSB tasks (DAP contracts, scheduling appointments, etc.)	23
Guardian barriers (waiting on circuit court hearing)	15
Patient/family resistant to discharge	7
Other (forensic status, medical barriers, etc.)	9
No willing provider-PSH (waiting on apartment availability)	2
No willing provider- DD services	6
DD waiver process	3
Total	188